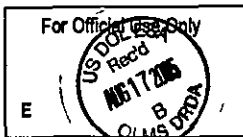


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



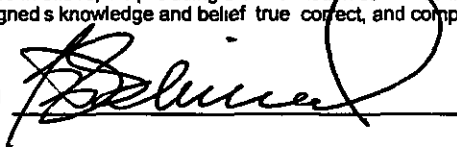
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8764	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Barry D Schimmel P O Box Bldg Room No if any Street 1233 S Shelby Street City Indianapolis State Indiana ZIP Code + 4 46203	4 Name file number and address of labor organization Name Teamsters Local Union No 135 Labor Organization File Number 009-836 P O Box Building and Room Number if any Street 1233 S Shelby Street City Indianapolis State Indiana ZIP Code + 4 46203
5 Position in labor organization Business Agent	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions)	
Signed 	On 8/12/2005 317 639-3541 Date Telephone Number

Name of Person Filing Barry Schimmel	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested


8 Name and address of Business (including trade name if any) Name <input style="width: 90%;" type="text"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input style="width: 90%;" type="text"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11 b Approximate dollar value of such dealing <input style="width: 100px;" type="text"/>
	12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12 b Amount <input style="width: 100px;" type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input style="width: 90%;" type="text" value="Local 135 Scholarship & Education Fund"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text" value="1233 S Shelby Street"/> City <input style="width: 90%;" type="text" value="Indianapolis"/> State <input style="width: 20%;" type="text" value="Indiana"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="46203"/>	14 a Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> In my position as Trustee the Fund paid my expenses to attend the I F E B P Foundation annual meeting in February, 2004 </div>
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <input style="width: 100px;" type="text" value="\$3,010"/>

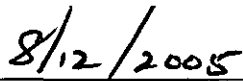


DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct and reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter, which should have been reported for calendar year 2004, I will file an amended Form LM-30.



Signature
BD SCHINNER



Date